

APPLICATION FOR REPLACEMENT OF LOST OR DESTROYED AIRMAN CERTIFICATE(S) AND WRITTEN TEST RESULTS

PRIVACY ACT: This information is requested under the authority of the Federal Aviation Act (Section 602). Certification cannot be completed unless the data is complete. Disclosure of your Social Security Number (SSN) is optional. Routine uses of records maintained in the system include categories of users and the purposes of such uses; i.e., to determine that airmen are certified in accordance with the provision of the Federal Aviation Act of 1958; repository of documents used by individual and potential employers to determine validity of airmen qualifications; to support investigative efforts of investigation and law enforcement agencies of the Federal, State, and local governments; supportive information in court cases concerning individual status and/or qualifications in law suits; to provide data for the Comprehensive Airman Information System (CAIS); and to provide documents for microfilm and microfiche backup records.

☐ Airman Certificate

☐ Medical Certificate

Type of Certificate(s)

Certificate Number(s)

Date(s) of Issue

☐ Written Test Results

Type of Written Test

Place of Written Test

Date of Written Test

Complete name in which certificate was issued: _____
(First) (Middle) (Last)

Permanent mailing address to include zip code: _____

Date and place of birth: _____
(Date) (Place)

Physical Description: _____ Height (In.), _____ Weight (Lbs.), _____ Hair, _____ Eyes, _____ Sex.

Social Security Number: _____ Nationality: _____

The fee for each duplicate Airman or Medical Certificate is \$2. The fee for each written test results is \$1. Check or money order for total fees (payable to the treasurer of the United States) must accompany request.

I enclose ☐ check ☐ money order in the amount of \$_____.

Date

Signature

For Airman Certificate or written test results, mail this request to:

Federal Aviation Administration
Airmen Certification Branch, AVN-460
Post Office Box 25082
Oklahoma City, OK 73125-4940

For medical or combined Student/Medical, mail this request to:

Federal Aviation Administration
Cashier, AVN-455
Post Office Box 25082
Oklahoma City, OK 73125-4939

Request for duplicate radio/telephone license should be directed to:

Federal Communication Commission
1919 "M" Street, NW
Washington, DC 20554